F01000001481

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	GROUP, INCOPPORATE
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Tran "Certificate of Existence", and check are submitted to register the above refeto transact business in Florida.	
Please return all correspondence concerning this matter to the following:	XT
(Name of Person)	-
	POUP INC
(Firm/Company) S19 MeMurs Road	1RO, STES10-103
CLEARUATER, FL 3	3761-4174
(City/State and Zip code)	2
For further information concerning this matter, please call:	5000038779752 -03/19/0101131006 ******87.50 ******87.50
Name of Person) at (727) 638-/	ephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDR Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32399	n ations STATE POLICY OF A PLANT
Enclosed is a check for the following amount:	OFFIDA OFFIDA OFFIDA OFFIDA OFFIDA OFFIDA OFFIDA OFFIDA OFFIDA OFFIDA OFFIDA OFFIDA OFFIDA OFFIDA OFFIDA OFFIDA OFFIDA OFFIDA OFFI
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status □ \$78.75 Filing Fee & Certified Copy	

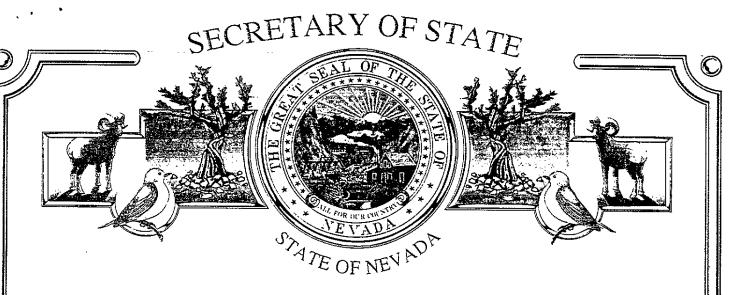
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEVADA, USA 3. 86-0852715
4. FORRUNDY 7, 1997 5. PEPETUAZ "
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 28870 US Hard 19 Sife 405 (CLARUSTER 133) (Principal office address)
(Current mailing address) 8
Name: Name: (P.O. Box or Mail Drop Box NOT acceptable)
Office Address: 28870 USHWY 19N SUIFE 465
City), Florida 3376((City) (Zip code)
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and accept the appointment as registered agent and accept and accept the appointment as registered agent and accept and accept the appointment as registered agent and accept and accept the appointment as registered agent and accept and accept and accept and accept and accept accept and accept and accept accept accept accept and accept
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my luties, and I am familiar with and accept the obligations of my position as registered agent.
(Registered agent's signature)
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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: NONE	
Address:	
	_
Vice Chairman: None	<u> </u>
Address:	<u>. </u>
Director: NONE	<u> </u>
Address:	
Director: NOW	<u> </u>
Address:	<u> </u>
B. OFFICERS President: PLCHARD THOMAS ABOUT Address: 28270 US Hury 19N, Suff 40S, CLARAGER, FL	- - 376(
Vice President: Nove 9	<u> </u>
Address:	=
Secretary: DAVID CHARLES LIETZ	
Address: 288 10 U NWY / 7W, SUITE 40S, CEENWATER MUS	<u> </u>
Treasurer: LOGIR SON	
Address: 28870 USHWY 19N, SUITE HOS, CLEARWATERS L3	3761
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. (Signature of Chairman Vice Chairman or any officer listed in number 12 of the continuation)	F :
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14	<u> </u>



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, LYNCHBURG FINANCIAL GROUP, INC. as a corporation duly organized under the laws of NEVADA and existing under and by virtue of the laws of the State of Nevada since February 7, 1997, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on March 5, 2001.

Secretary of State

v deanny fuld

Certification Clerk